Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 305, Mailstop E–16, Atlanta, GA 30305, telephone (404) 842–6523, facsimile (404) 842–6513, or via INTERNET: mdd2@opspg01.em.cdc.gov.

Programmatic technical assistance may be obtained from Elizabeth Majestic, Chief, Special Populations Section, Program Development and Services Branch, Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE., Mailstop K31, Atlanta, GA 30341–3724, telephone (404) 488–5356.

Please refer to Announcement 532 when requesting information or submitting an application.

## **Reference Materials**

- (1) Potential applicants may obtain a copy of Healthy People 2000 (Full Report, Stock No. 017–001–00474–0), Healthy People 2000 (Summary Report, Stock No. 017–001–00473–1), and Adolescent Health (Volume 1, Stock No. 052–00301234–1; Volume 2, Stock No. 052–003–01235–9; Volume 3, Stock No. 052–003–01236–7) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402–9325, telephone (202) 512–1800.
- (2) Potential applicants may obtain a copy of the External Review of HIV Prevention Strategies, from the Centers for Disease Control and Prevention (CDC), National Center for Prevention Services, Division of HIV/AIDS Prevention, 1600 Clifton Rd., Mailstop D21, Atlanta, GA 30333, telephone (404) 639–0900.
- (3) Potential applicants may obtain a copy of Public Health Reports, Volume 106, Number 6, from the National AIDS Information Clearinghouse, P.O. Box 6003, Rockville, MD 20850, telephone (800) 458–5231.
- (4) Potential applicants can obtain additional information about HIV Prevention Community Planning Groups, by contacting Gary West, Division of HIV/AIDS Prevention, National Center for Prevention Services, Centers for Disease Control and Prevention (CDC), 1600 Clifton Rd., Mailstop D21, Atlanta, GA 30333, telephone (404) 639–0900.
- (5) Potential applicants may obtain a copy of The Second Annual National School Health Conference Proceedings, from the National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and

School Health, Centers for Disease Control and Prevention (CDC), 1600 Clifton Rd., Mailstop K31, Atlanta, GA 30333, telephone (404) 488–5324.

# Special Guidelines for Technical Assistance Workshop

A one-day technical assistance workshop will be held in Washington, DC, approximately two weeks after the publication date of the Program Announcement in the **Federal Register**. The purpose of this meeting is to help potential applicants to:

1. Understand the scope and intent of Announcement 532; and

2. Understand the Public Health Service grants policies, applications, and review procedures.

Attendance at this workshop is not mandatory. Applicants who are currently funded by CDC may not use project funds to attend this workshop. However, attendees who compete successfully may be reimbursed for their allowable and reasonable expenses through their new award.

Each potential applicant may send no more than two representatives to this meeting. Please provide the names of the persons that are planning to attend this meeting to Elizabeth Majestic, Chief, Special Populations Section, Division of Adolescent and School Health, telephone (404) 488–5356, within 10 working days after the publication date of the program announcement in the **Federal Register**.

Dated: June 12, 1995.

## Joseph R. Carter,

Acting Associate Director for Management and Operations, Centers for Disease Control and Prevention (CDC).

[FR Doc. 95–14773 Filed 6–15–95; 8:45 am] BILLING CODE 4163–18–P

## [Announcement 572]

National Institute for Occupational Safety and Health; Prevention of Stress and Health Consequences of Workplace Downsizing and Reorganization

## Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1995 funds for a cooperative agreement program to study organizational downsizing/reorganization and propose interventions to reduce the negative health and performance consequences among employees. The research funded by this cooperative agreement will focus on the defense nuclear industry where large-scale downsizing and reorganization are currently occurring,

but the research will provide a model for other industries affected by downsizing and reorganization issues.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority areas of Occupational Safety and Health and Mental Health and Mental Disorders. (For ordering a copy of Healthy People 2000, see the Section WHERE TO OBTAIN ADDITIONAL INFORMATION.)

#### **Authority**

This program is authorized under Sections 20 (a) and 22(e)(7) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 669(a) and 671(e)(7)).

## **Smoke-free Workplace**

The PHS strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products, and Public Law 103–227, the Pro- Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care and early childhood development services are provided to children.

## **Eligible Applicants**

Applications may be submitted by public and private, non-profit and for-profit organizations and governments, and their agencies. Thus, universities, colleges, research institutions, hospitals, other public and private organizations, State and local health departments or their bona fide agents, federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations, and small, minority-, and/or women-owned businesses are eligible to apply.

## **Availability of Funds**

Approximately \$300,000 is available in FY 1995 to fund at least one award. It is expected that the award will begin on or about September 30, 1995, and will be made for a 12-month budget period within a project period of 3 to 5 years. Funding estimates may vary and are subject to change.

Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

## **Purpose**

The purpose of this cooperative agreement is to utilize the special resources of the extramural community to conduct a program of applied research in the prevention of negative health consequences of organizational downsizing/reorganization in selected facilities of the defense nuclear and related industries. The program will consist of applied research to assess the effects of downsizing on employee health and well-being, and on organizational culture/climate. Specifically, this cooperative agreement is intended to result in the development, implementation, and evaluation of practical interventions for preventing the negative health and performance consequences of downsizing. Primary prevention strategies should be emphasized (e.g., recommending "best practices" for downsizing), but secondary prevention strategies, if linked to a primary prevention strategy, can be proposed (e.g., provision of counseling for employees).

At least three key aspects of downsizing/reorganization should be assessed in any research proposal: (1) The purpose of downsizing (proactive vs. reactive); (2) the process of downsizing (targeted vs. across-theboard changes, communication style etc.); and (3) the provision of assistance to employees who lose their jobs (finding new jobs or acquiring new skills), and employees who retain their jobs. Outcome measures can include measures of perceived stress, health consequences to downsizing of those employees who retain their jobs. employee commitment and involvement and organizational culture/climate. The findings should be used to develop preventive interventions; for example, identifying —best practice— for reducing negative health effects of downsizing, or implementing strategies to reduce employee uncertainty and ambiguity during downsizing. Finally, proposals must include an evaluation component which describes the approach and method by which the efficacy of the intervention(s) will be assessed.

## **Program Requirements**

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under A. (Recipient Activities), and CDC/NIOSH will be responsible for conducting activities under B. (CDC/NIOSH Activities).

## A. Recipient Activities

- 1. Develop and conduct a study of the health and performance consequences of downsizing and/or reorganization.
- 2. Develop a research protocol that reviews the pertinent downsizing/reorganization and organizational stress/

- health literatures, and describes the study methodology, data to be collected and the proposed analysis of the data; present the protocol to a panel of peer reviewers and revise the protocol as required for final approval by CDC/NIOSH.
- 3. Conduct all required medical and laboratory tests on workers participating in the study, collect questionnaire/interview information and identifying data on workers, and analyze data.
- 4. Prepare a final report summarizing the study methodology, results obtained, conclusions reached and recommendations for preventing the negative health and performance consequences of downsizing and additional research needs.
- 5. Where appropriate, collaborate with CDC/NIOSH scientists who are working in complementary research areas.
- 6. Report research results to the scientific community via presentations at professional conferences and articles in peer-reviewed journals.

## B. CDC/NIOSH Activities

- 1. Provide scientific, epidemiologic, engineering, environmental, industrial hygiene, and clinical technical assistance, as needed, for the successful completion of this project.
- 2. Identify and convene Peer Review Panel to review draft study protocol.
- 3. Assist in formulating the study design, the analysis of data collected by the recipient, interpretation of the results, and preparation of the written reports.
- 4. Engage in scientific collaboration in research areas of mutual interest and investigation.

## **Evaluation Criteria**

The application will be reviewed and evaluated according to the following criteria:

## 1. Understanding of the Problem (25%)

Responsiveness to the objective of the cooperative agreement including: (a) applicant's understanding of the research needed to document the health and performance consequences of downsizing and/or reorganization and the objective of the proposed cooperative agreement, and (b) relevance of the proposal to the objective.

## 2. Study Design and Project Planning (40%)

Steps proposed in planning and implementing this project, and the respective responsibilities of the applicant for carrying out those steps, the proposed approach to the study and

the draft (or detailed outline) of the study protocol. The applicant's schedule proposed for accomplishing the activities to be carried out in this project and for evaluating the accomplishments.

## 3. Program Personnel (25%)

Qualification and time allocation of the professional staff to be assigned to this project and applicant's ability to provide knowledgeable staff required to perform the applicant's responsibilities in this project, and the approach to be used in carrying out those responsibilities.

## 4. Facilities and Resources (10%)

The adequacy of the applicant's facilities, equipment, and other resources available for performance of this project.

#### 5. Budget Justification (not scored)

The budget will be evaluated to the extent that it is reasonable, clearly justified, and consistent with the intended use of funds.

#### **Executive Order 12372 Review**

Applications are subject to Intergovernmental Review of Federal Programs as governed by Executive Order (E.O.) 12372. E.O. 12372 sets up a system for State and local government review of proposed Federal assistance applications. Applicants (other than federally recognized Indian tribal governments) should contact their State Single Point of Contact (SPOC) as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC for each affected State. Indian tribes are strongly encouraged to request tribal government review of the proposed application. A current list of SPOCs is included in the application kit.

If SPOCs or tribal governments have any State process recommendations on applications submitted to CDC, they should send them to Henry S. Cassell, III, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Atlanta, GA 30305, no later than 60 days after the application deadline date. The Program Announcement Number and Program Title should be referenced on the document. The granting agency does not guarantee to "accommodate or explain" State or tribal process recommendations it receives after that date.

## Public Health System Reporting Requirements

This program is not subject to the Public Health System Reporting Requirements.

#### **Catalog of Federal Domestic Assistance Number**

The Catalog of Federal Domestic Assistance number is 93.956.

## **Other Requirements**

## Paperwork Reduction Act

Projects funded through the cooperative agreement mechanism of this program involving the collection of information from 10 or more individuals will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

## Human Subjects

If the proposed project involves research on human subjects, the applicant must comply with the DHHS Regulations, 45 CFR part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate the project will be subject to initial and continuing review by an appropriate institutional review committee. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit.

In addition to other applicable committees, Indian Health Service (IHS) institutional review committees also must review the project if any component of IHS will be involved or will support the research. If any American Indian community is involved, its tribal government must also approve that portion of the project applicable to it.

#### **Application Submission and Deadline**

The original and two copies of the application PHS Form 5161–1 (Revised 7/92, OMB Control Number 0937–0189) must be submitted to Henry S. Cassell, III, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Mailstop E–13, 255 East Paces Ferry Road, NE., Room 300, Atlanta, GA 30305, on or before July 17, 1995.

- 1. Deadline: Applications will be considered as meeting the deadline if they are either:
- (a) Received on or before the deadline date, or
- (b) Sent on or before the deadline date and received in time for submission to the independent review group. Applicants must request a legibly dated

U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.

2. Late Applications: Applications which do not meet the criteria in 1.(a) or 1.(b) above are considered late applications. Late applications will not be considered in the current competition and will be returned to the applicant.

## Where To Obtain Additional Information

To receive additional written information call (404) 332–4561. You will be asked to leave your name, address, and telephone number and will need to refer to Announcement 572. You will receive a complete program description, information on application procedures, and application forms.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Oppie Byrd, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E–13, Atlanta, GA 30305, telephone (404) 842–6546.

Programmatic technical assistance may be obtained from Lawrence R. Murphy, Ph.D., Division of Biomedical and Behavioral Science, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC), 4676 Columbia Parkway, Cincinnati, OH 45226, telephone (513) 533–8171, Fax (513) 533–8510, Email (Internet): LRM2@NIOBBS1.EM.CDC.GOV.

Please refer to Announcement 572 when requesting information and submitting an application.

Potential applicants may obtain a copy of Healthy People 2000 (Full Report, Stock No. 017–001–00474–0) or Healthy People 2000 (Summary Report, Stock No. 017–001–00473–1) referenced in the Introduction Section through the Superintendent of Documents, Government Printing Office, Washington, DC 20402–9325, telephone (202) 512–1800.

Dated: June 12, 1995.

#### Diane D. Porter,

Acting Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC). [FR Doc. 95–14771 Filed 6–15–95; 8:45 am] BILLING CODE 4163–19–P

#### [Announcement 559]

National Institute for Occupational Safety and Health; Chronic Beryllium Disease Among Beryllium-exposed Workers

#### Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1995 funds for a cooperative agreement to develop a model program for the prevention, diagnosis, and treatment of chronic beryllium disease (CBD) among individuals who have been occupationally exposed to beryllium and/or beryllium compounds.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Occupational Safety and Health. (For ordering a copy of Healthy People 2000, see the Section Where to Obtain Additional Information)

## **Authority**

This program is authorized under Sections 20(a) and 22(e)(7) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 669(a) and 671(e)(7)).

## **Smoke-free Workplace**

The PHS strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products, and Public Law 103–227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care and early childhood development services are provided to children.

## **Eligible Applicants**

Applications may be submitted by public and private, non-profit and for-profit organizations and governments, and their agencies. Thus, universities, colleges, research institutions, hospitals, other public and private organizations, State and local health departments or their bona fide agents, federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations, and small, minority-, and/or women-owned businesses are eligible to apply.

## **Availability of Funds**

Approximately \$400,000 is available in FY 1995 to fund one award. It is expected that the award will begin on or about September 30, 1995, and will be